

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hellerstein et al.
Serial No.: 10/789,099 Examiner: Zhe, Meng Yao
Filed: February 27, 2004 Group Art Unit: 2195
For: METHODS AND ARRANGEMENTS FOR PLANNING AND SCHEDULING
CHANGE MANAGEMENT REQUESTS IN COMPUTING SYSTEMS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

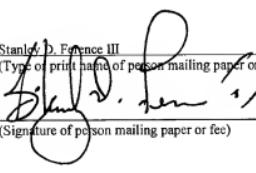
Transmitted herewith is an Amendment in the above-identified application.

- Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR
- In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
- Small Entity status of this application has been established by a verified statement previously submitted.
- A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on March 24, 2009 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. YOR920030549US1
(590.127)

5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	RATE	SMALL ENTITY FEE	RATE	OTHER THAN A SMALL ENTITY FEE
Total	23	- *** 23	= * 0	x \$26	=	O x \$52	= 0
Claims						R	
Ind.	3	- *** 3	= * 0	x \$110	=	O x \$220	= 0
Claims						R	
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$195	=	O + \$390	= 0
					<u>TOTAL</u> = \$ _____	O <u>TOTAL</u> = \$ _____	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

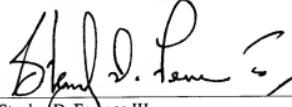
8. Applicant encloses herewith a check for \$0.00 to cover the filing fee.

9. The Commissioner is hereby authorized to charge the \$0.00 filing fee to Deposit Account No. 50-0510.

10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,979

Dated: March 24, 2009

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile